

Class Registration Form

Name _____

Phone _____

☐ MD ☐ DO ☐ RN ☐ LPN ☐ Other _____

Street Address _____

City _____ State _____

Zip _____ County _____

Employer _____

Class Name _____

Class Date _____

☐ Payment Enclosed _____

☐ Copy of both sides of BLS Healthcare Provider Card Enclosed.
(Required for those registering for PALS, PALS Refresher, ACLS
and ACLS Refresher)

ENA Membership Number (if applicable) _____

ENPC Course pricing: ENA Member \$223.75; Non-ENA member \$234.25

TNCC Course pricing: ENA Member \$251.00; Non-ENA member \$262.50

Prices are subject to change after 7/1/16. Make checks payable to
Memorial Hospital and Health Care Center. Please return
completed form and fee to: Memorial Hospital and Health Care
Center, Clinical Staff Education, 800 West 9th Street, Jasper, IN
47546, phone 812-996-8502 or 1-800-852-7279 (ext. 8502).